The The

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

03/31/14

NAME	Spectrotel, Inc.
	(Here show in full the exact corporate, firm or individual name of the respondent)
LOCATED AT	3535 State Hwy 66, Suite 7 Neptune, NJ 07753
(Here giv	e the location, including street and number of the respondent's main business office within the Stat
COMPANY#	ColD: "")"
	(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2013

LETTER OF TRANSMITTAL

То:	Arkansas Public Service Cor Post Office Box 400 Little Rock, Arkansas 72203		
Subn	nitted herewith is the annual rep	ort covering the operation of	Spectrotel, Inc. (Company)
of	3535 State Hwy 66, Suite 7 Neptune, N	IJ 07753 for the year ending Decemb	per 31, 2013. This report is submitted in
	rdance with Section 51 of Act 32	24 of the 1935 Acts of Arkansas. Ily examined by me, and I have execu	uted the verification given below.
			(Signature)
		<u>C7</u>	-0 / VP
		VERIFICATION	•
	E OF New Jersey)) ss.		
	ITY OF Monmouth)	Ed Vares Vice Dropident	af tha
ı, tne	undersigned,	Ed Kazar, Vice President (Name and Title)	of the
	Spectrotel, Inc.	, on my oath do say that the	following report has
carefi affairs inforn and th	prepared under my direction fro ully examined the same, and de s of said utility in respect to each nation, and belief; and I further	om the original books, papers, and recolore the same a complete and correct and every matter and thing set forth say that no deductions were made be ned in the foregoing statements embr	ct statement of the business and , to the best of my knowledge, efore stating the gross revenues,
			(Signature)
day o	ommission Expires Notary Put	se Johnson Dic of New Jersey 1 Expires July 10, 2015	Signature of Notary)

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
10	Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
11	Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone whom any correspondence concerning this re	
Name Mark Lammert, CPA	Title Tax Preparer for Company
Address 740 Florida Central Parkway, Suite	2028, Longwood, FL 32750
Telephone Number <u>407-260-1011</u>	
E-Mail mark@csilongwood.com	·
Give the name, address, telephone number an	nd e-mail address of the resident agent:
Name Corporation Service Company	Telephone Number
Address 120 East Fourth Street, Little Rock,	AR 72201
E-Mail	
Address 120 East Fourth Street, Little Rock,	

IDENTITY OF RESPONDENT

1.	Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:
	Spectrotel, Inc.
2.	Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:
	(a) None (b) 3535 State Hwy 66, Suite 7 Neptune, NJ 07753
3.	Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.
	(a) () Electric, () Gas, () Water, (x) Telephone, () Other
	(b) () Proprietorship, () Partnership, () Joint Stock Association, (X) Corporation, (X) Other (describe below):
4.	If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.
	(a)
	(b)
5.	If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:
	(a) Delaware
	(b) February 29, 2000
	(c) Common law of Delaware
6.	State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars: No other names were used
	No other names were used

7.	State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:
	(a) The company is not a consolidated or merged company.
	(b)
	(c)
8.	State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.
	(a) The company is not a reorganized company.
	(b)
	(c)
	(d)
9.	Was respondent subject to a receivership or other trust at any time during the year? If so, state: NO
	(a) Name of receiver or trustee:
	(b) Name of beneficiary or beneficiaries for whom trust was maintained:
	(c) Purpose of the trust:
	(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)
10.	Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? No If so,
	(a) Indicate the applicable one by an X in the proper space:
	 () Guarantor, () Principal—obligor to a surety contract, () Principal—obligor to a guaranty contract.
	(b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term		
Name of Director	Office Address	Beginning	<u>End</u>	
Jack Dayan (*)	3535 State Hwy 66, Suite 7 Neptune, NJ 07753	Inception of Company	Perpetual	
Ed Kazar	3535 State Hwy 66, Suite 7 Neptune, NJ 07753	Inception of Company	Perpetual	
Ross Artale	3535 State Hwy 66, Suite 7 Neptune, NJ 07753	Inception of Company	Perpetual	
The Secretary position is N/A				

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
CEO/President	Jack Dayan (*)	3535 State Hwy 66, Suite 7 Neptune, NJ 07753
Vice President	Ed Kazar	3535 State Hwy 66, Suite 7 Neptune, NJ 07753
Vice President The Secretary position is N/A	Ross Artale	3535 State Hwy 66, Suite 7 Neptune, NJ 07753

GROSS ASSESSABLE REVENUES	
Description	Amount
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$14,308

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	-0-
Business	6
	_
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	-0-
PBX Access Lines	0
Coin or Credit Card Paystation Access Lines	-0-
Company Official Access Lines (Numbers)	-0-
TOTAL ACCESS LINES	6

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

Vice President

Ed Kazar 3/24/14

COMPANY CONTACTS

Company Information			
Company Name	Spectrotel, Inc.		
dba			
Official Mailing Address	3535 State Hwy 66, Suite 7 Neptune, NJ 07753		

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	Mark Lammert	407-260-1011	407-260-1033	mark@csilongwood.com
Fuel Adjustment Report	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Cost of Debt Report	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Tariffs	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Accounting	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Rates	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Engineering	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Finance	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Income Taxes	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Property Taxes	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Gas Supply	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Legal	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Data Processing	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com

Please list the number of utility employees located in Arkansas	None
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